PTO/SERZZ (12-04)
Approved for own through 97/61/2006. OMB 0051-0051

U.S. Pasens and Tradement Office; U.S. DEPARMENT OF COMMENCE
Under the paperwink Reduction Act of 1995, no porsons are required to respond to a collection of intermedian unless it displays a waiti OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)		
FY 2005 (Form purposet to the Compositional Appropriations Act, 2005 (N.R. 4818).)		TUC92001000	6US1 RE	CEIVED HAX CENTER
Application Number 09854865		Filed 05-14-	2001	
For Michael Philip McIntosh			JAN	3 1 2005
Art Unit 2112		Examiner C. H.	Knoll	
This is a request under the provisions of 37 CFR 1.13 application.	36(a) to extend the per	od for filing a reply in th	ne above identified	1
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				l
	<u>Fee</u>	Small Entity Fee		
One month (37 CFR 1.17(a)(1))	\$120	\$60	<u>120.00</u>	
Two months (37 CFR 1.17(a)(2))	\$450	\$225	s	
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	s	
Five months (37 CFR 1.17(a)(5))	\$2150	\$1080	s	
Applicant claims small entity status. See 37 CFR	1.27.	·		
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.				
The Director has already been authorized to charge fees in this application to a Deposit Account.				
The Director is hereby authorized to charge Deposit Account Number09-044		be required, or credit e enclosed a duplicat		
WARNING: information on this form may become public. Crudit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				}
I am the applicant/inventor.	no interest See 37 C	-R 3.71		·
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).				l
attorney or agent of record. Registration Number 50276				
attorney or agent under 37 CF Registration number if soting und	FR 1.34. er 87 CFR 1.34			
from Ild Burn		1-28	-05	
Signature	1)1	Date		1
Allen K Bates		520-799-2800		1
Typed or printed name		Telepho		
NOTE: Signatures of all the inventors or assignment of second of the or algorithm is required, see below.	ntire interest or their represent	athen(s) are required. Submit	multiple forms if more than one	
	e submitted.			

actus. The information is required to estate or retain a benefit by the public which is to file (and by the public which is to file (and by the public which is to file (and by the public which is to file of the public of the completed application form to the USPTD. Three will very depending upon the individual case. Any to this form endfor suggestions for reducing the burden, should be seen to the Order retained of Officer. Construction, P.O. Box 1456, Alexandria, VA 2213-1450. DO NOT SEND FEES OR COMPLETED as for Patients, P.O. Box 1460, Alexandria, VA 22313-1460. complete, including gathware, preparation. Confident complete, including gathware, preparating, and comments on the amount of time you applies U.S. Patient and Tradsmark Office, U.S. Dope FORMS TO THIS ADDRESS. SEMD TO

If you made analytence in completing the form, call 1-800-PTO-9199 and select option ${\bf 2}$

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